

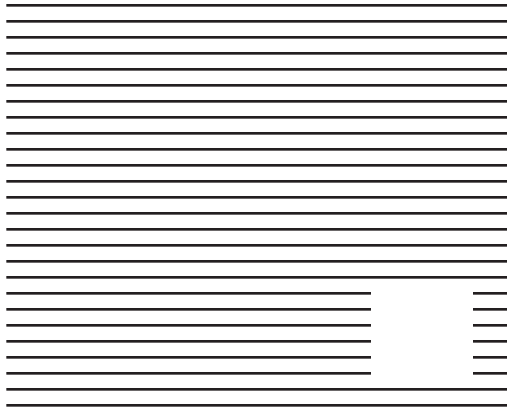


# mental health courts satellite broadcast

nov  
**14**  
2002



Judicial Council of California  
Administrative Office of the Courts  
Executive Office Programs Division,  
Center for Court Research, Innovation, and Planning  
Center for Judicial Education and Research



# mental health courts satellite broadcast

nov  
14  
2002



Judicial Council of California

Administrative Office of the Courts

Executive Office Programs Division,  
Center for Court Research, Innovation, and Planning  
Center for Judicial Education and Research

For additional information:

Administrative Office of the Courts  
455 Golden Gate Avenue  
San Francisco, California 94102-3688  
415-865-4200

# Contents

Tab 1	Broadcast Materials
	Schedule . . . . . 1.1
	Introduction . . . . . 1.3
	Local Activity 1: Mental Illness . . . . . 1.5
	Local Activity 2: Pharmacology . . . . . 1.6
	Local Activity 3: Mobilization Plan . . . . . 1.7
Tab 2	Organizing in Your Community
	Success Factors for Change . . . . . 2.1
	Collaboration—Challenges and Strategies . . . . 2.4
	Project Management Process: Guiding Questions . . . . . 2.6
Tab 3	Models of Mental Health Courts
	Common Elements in Mental Health Courts . 3.1
	Brooklyn, New York . . . . . 3.2
	Riverside County, California . . . . . 3.23
	San Bernardino County, California . . . . . 3.28
Tab 4	Resources
	Government Agencies . . . . . 4.1
	Nonprofit Advocacy Organizations . . . . . 4.1
	Grant Opportunities . . . . . 4.3
Inserts	Questions for Broadcast Panelists (fax form)
	Evaluation form
	MCLE form

# 1

## Broadcast Materials

Schedule . . . . .	1.1
Introduction . . . . .	1.3
Local Activity 1: Mental Illness . . . .	1.5
Local Activity 2: Pharmacology . . . .	1.6
Local Activity 3: Mobilization Plan . . . . .	1.7

# Mental Health Courts Satellite Broadcast Schedule

Thursday, November 14, 2002

12:15–2:45 p.m.

## **Introductory Video**

### **Welcoming Remarks**

Hon. Darrell W. Stevens

*Judge of the Superior Court of Butte County*

*Chair, Collaborative Justice Courts Advisory Committee*

*Moderator*

Michael P. Judge

*Los Angeles County Public Defender*

### **Introduction of In-Studio Panel**

Hon. Becky Dugan

*Judge of the Superior Court of Riverside County*

Emily A. Keram, M.D.

*University of California at San Francisco*

Hon. Stephen V. Manley

*Judge of the Superior Court of Santa Clara County*

Hon. Patrick J. Morris

*Judge of the Superior Court of San Bernardino County*

### **Overview of Mental Illness**

Emily A. Keram, M.D.

*Assistant Clinical Professor of Psychiatry*

*Associate Director, Psychiatry and the Law Program*

*University of California at San Francisco*

## **Local Activity 1**

### **Panelists' Responses to Faxed Questions on Mental Illness**

#### **Introduction to Pharmacology**

Jeff Gould, M.D.  
*Staff Psychiatrist*  
*San Mateo County Jail*

## **Local Activity 2**

### **Panelists' Responses to Faxed Questions on Pharmacology—Includes Panel Discussion**

## **Local Activity 3**

### **Panelists Discuss Local Mobilization Plans**

## **Closing Video**

# Mental Health Courts Satellite Broadcast

## Introduction

Welcome to the Mental Health Courts Satellite Broadcast. This broadcast is a joint project of the Executive Office Programs Division's Center for Court Research, Innovation, and Planning and the Center for Judicial Education and Research—two divisions within the Administrative Office of the Courts. This broadcast may be the first in a series of educational programs on problem-solving courts.

Satellite broadcasts deliver information in real time to facilitate learning experiences for the viewer. The intent of this broadcast is to not only educate but to help you begin a planning process for the development of specialized procedures for mentally ill offenders or for starting a mental health court in your community. Real-time viewer interactivity is available through the faxing of questions to panel experts and through supplemental printed, electronic, and Web-based materials. During the local activity breaks, viewers will interact with each other to discuss presentations and to begin a mobilization plan.

### **Assigning a Facilitator and Recorder**

The goal of the broadcast is to maximize learning through discussion and “action steps.” The participants at each court site should designate a facilitator and a recorder for the three local activity breaks—two after the mental illness and pharmacology presentations and one for the development of a mobilization plan. Remember that you have the option of faxing questions to the panelists throughout the broadcast, using the form supplied with this booklet.

#### *A few suggestions for the facilitator*

- If time permits, welcome and introduce the participants.
- Stay focused and on track. Remain operationally neutral while utilizing your facilitator's prerogative, if required.



- Establish clear objectives for the broadcast. For your group, this broadcast may combine several of the following objectives: problem solving, decision making, planning, reporting, and evaluating.
- Review all agreements: who will do what by when?
- Set the date and time of your next meeting, if appropriate.
- Follow up on the action items determined by your group.

# Local Activity 1

## Mental Illness

### Questions for Discussion

- How does your court identify defendants who have a mental illness?
- What problems do mentally ill defendants present to criminal courts?
- What problems do incarcerated mentally ill persons create for sheriffs' departments and other community agencies?

## Local Activity 2

# Pharmacology

### **Questions for Discussion**

- What treatments and interventions are available to mentally ill defendants in your court?
- What methods of treatment do jails and prisons provide for mentally ill inmates?

Local Activity 3  
Mental Health Court  
Mobilization Plan

Issues to Consider	
<b>Consensus building.</b> Identify the key decision-makers. How will you get their support for a mental health court?	<b>Staffing.</b> Will new staff members be needed? Will current staff members need to be re-allocated? What kind of specialized training is needed for a mental health court staff?
<i>Plans or strategies to address issues</i>	
<i>Departments or individuals involved</i>	
<i>Next steps</i>	

Issues to Consider	
	<div><b>Structure.</b> Will this be a separate, specialized court? What are the methods of identifying defendants with mental illness? What are the eligibility criteria, plea structure, monitoring, etc.?</div> <div><b>Funding.</b> Are additional funds needed? Where will they come from? How will they be spent?</div>
Plans or strategies to address issues	
Departments or individuals involved	
Next steps	

Issues to Consider	
<b>Coordination.</b> What other agencies need to be involved? How will the mental health court coordinate with these agencies to provide services?	<b>Other issues.</b>
<i>Plans or strategies to address issues</i>	
<i>Departments or individuals involved</i>	
<i>Next steps</i>	

# 2

## Organizing in Your Community

Success Factors for Change . . . . . 2.1

Collaboration—Challenges  
and Strategies . . . . . 2.4

Project Management Process:  
Guiding Questions . . . . . 2.6

# Success Factors for Change

## Obstacles to Change

- Failure to create a strategic vision and plan.
- Failure to communicate the vision to key stakeholders.
- Failure to build commitment of key stakeholders.
- Failure to build capacity of staff to support change.
- Failure to conduct ongoing assessment.
- Failure to create short-term wins—not benchmarking.
- Failure to empower others to assume leadership roles.
- Failure to “pull up the anchor”—staying entrenched.

## Consequences

- Mentally ill offenders are caught in the system.
- New strategies aren't implemented well.
- Staff is unclear about how the change supports offenders with mental illness.
- Staff becomes more resistant to change.
- Obstacles become ingrained in the culture.
- Key stakeholders lose trust in the leadership.



## **Strategies for Overcoming “Change Failure”**

### *Communicate clearly*

- Provide a clear picture of the change, with details about the future.
- Share information about a change in plans with key stakeholders to the greatest extent possible.
- Minimize surprise; give your staff advance warning about new requirements.
- Repeatedly demonstrate your own commitment to the change.
- Make standards and requirements clear; communicate exactly what is expected of your staff in the change.

### *Build support*

- Allow time for staff members to become accustomed to the idea of change.
- Build a commitment to change.
- Allow room for participation in the planning of change.
- Leave some choices open within the overall decision to change.
- Create an environment that builds trust and fosters risk taking.
- Allow mistakes to become learning opportunities.

### *Develop capability*

- Divide a big change into more manageable and familiar steps that are measurable. Let your staff take a small step first.
- Help your staff find the extra time and energy that change requires.
- Prepare your staff for the change through professional development.

- Offer positive reinforcement for competence; let your staff know you trust their ability to accomplish the change.
- Avoid creating obvious “losers” from the change.

### *Reward achievement*

- Look for and reward pioneers, innovators, and early successes to serve as models.
- Allow expression of nostalgia and grief for the past—then create excitement about the future.
- Celebrate the small wins.

# Collaboration— Challenges and Strategies

## **Challenge: Collaboration takes time**

### *Strategies*

- Plan your meeting time well.
- Have an agenda and stick to it.
- Build commitment and action plans.
- Monitor your progress rigorously.
- Make sure staff members feel valued for spending time as part of the collaborative.

## **Challenge: Collaboration is messy**

### *Strategies*

- Make sure you are managing the situation closely.
- Give team members the freedom to explore new ideas and take risks.
- Follow the “rule of no surprises”: Do not hold any meetings where people will hear something they are not prepared for.
- Break the “mess” into smaller components, which are more manageable and have identified short-term rewards.
- Build humor into your process, acknowledging that a mess exists but affirming that together you can work through the situation.

**Challenge: Collaboration is tense***Strategies*

- Stay focused on the vision.
- Acknowledge the tension in the group.
- Be prepared to discuss the tension and try to identify the root cause.
- Take a break, but don't quit.
- Give collaborative participants time to reflect.

**Challenge: Getting requires giving***Strategies*

- “What's in it for me?” Make sure you have identified some of the “wins” for each member of the collaborative.
- Compromise, but do not lose focus.
- Acknowledge the contributions of each member.
- Incorporate the group's ideas and suggestions into the overall plan.

**Challenge: Collaboration is held together by relationships***Strategies*

- Build team spirit through celebratory events.
- Organize for success by including those who will readily support the collaborative effort.
- Encourage relationship building by working in small groups.
- Take time to reflect on the working relationship and the fruits of everyone's efforts.

# Project Management Process

## Guiding Questions

### **Vision**

- Where are we headed?
- What will our mental health court look like when we attain our goals?

### **Measurable objectives**

- What positive outcome will be achieved?
- Who will benefit, and how?
- What will I measure to know we have achieved success?

### **Strategic plan and activities**

- What, specifically, are we going to do to achieve the objective?
- Who does what—when, where, and how?
- How will the activity lead to the achievement of the objective?

### **Monitoring and assessing**

- What concrete, observable indicators will we check to see whether we are making progress toward the desired outcome?
- What evidence will we collect to demonstrate that we are making progress?
- What tools will be used to collect and measure the evidence?
- Who will collect the data, and how often?
- How will the collected data shape our course of action and our vision for the future?

# 3

## Models of Mental Health Courts

Common Elements in Mental Health Courts . . . . .	3.1
Brooklyn, New York . . . . .	3.2
• Introduction . . . . .	3.2
• Development . . . . .	3.4
• Program Participation Guidelines . . . . .	3.9
• [Form A] Important Names and Numbers . . . . .	3.17
• [Form B] Treatment Plan . . . . .	3.18
• [Form C] Plea . . . . .	3.21
Riverside County, California . . . . .	3.23
San Bernardino County, California . . . . .	3.28

# Common Elements in Mental Health Courts

- Participation in a mental health court is voluntary. The defendant must consent to participation before being placed in the program.
- Each jurisdiction accepts only persons with demonstrable mental illnesses to which their involvement in the criminal justice system can be attributed.
- The key objective of a mental health court is to either prevent the jailing of mentally ill offenders or to secure their release from jail for appropriate community services.
- Public safety is a high priority, and mentally ill offenders are carefully screened for appropriate inclusion in the program.
- Early intervention is essential, with screening and referral occurring immediately after arrest to a maximum of three weeks after arrest.
- A multidisciplinary team approach is used, with the involvement of justice system representatives, mental health providers, and other support systems.
- Intensive case management includes supervision of participants, with a focus on accountability and monitoring of the participant's performance.
- The judge is the center of the treatment and supervision process.

# Brooklyn Mental Health Court

## Introduction

The Brooklyn Mental Health Court is a demonstration project that seeks to craft a meaningful response to the problems posed by defendants with mental illness in the criminal justice system. Addressing both the treatment needs of defendants with mental illness and the public safety concerns of the community, the Brooklyn Mental Health Court will link defendants with serious and persistent mental illnesses (such as schizophrenia and bipolar disorder) who would ordinarily be jail- or prison-bound to long-term treatment as an alternative to incarceration. The goals of the Brooklyn Mental Health Court, which will operate out of a dedicated courtroom in Kings County Supreme Court, are to:

- Improve the court system's ability to identify, assess, and evaluate mentally ill offenders;
- Provide judges, prosecutors, and defense attorneys with better information so they can make more informed decisions about how to balance the individual treatment needs of offenders with the need to preserve public safety;
- Use the authority of the court to link mentally ill offenders to appropriate mental health treatment and motivate them to engage in treatment;
- Reduce recidivism among mentally ill offenders; and
- Enhance effectiveness and efficiency by facilitating coordination between the criminal justice system and the mental health system and improving the accountability of mental health and social service providers.

To achieve these goals, the court will adapt several operating principles that have proven successful at existing problem-solving courts, such as the Brooklyn Treatment Court, the Brooklyn Domestic Violence Court, the Red Hook Community Justice Center, and others:

- **Screening and assessment.** The court's clinical team will perform detailed psychosocial assessments of defendants and craft individualized treatment plans that match defendants to appropriate mental health, housing, and other social services.



- **Judicial monitoring.** Each defendant will be required to return to court regularly to meet with case managers and appear before the judge to report on his or her progress in treatment. This will keep the judge engaged with the defendant for the life of the case and emphasize for the defendant the seriousness of the process.
- **Accountability.** The court will use an array of graduated rewards and sanctions to respond to compliance or noncompliance with treatment. Regular monitoring of progress in treatment will also hold service providers accountable to the judge.
- **Coordinated services.** The Mental Health Court will work with a broad network of government and not-for-profit service providers to address interrelated problems that defendants face, including substance abuse, homelessness, joblessness, and serious health problems.

The Brooklyn Mental Health Court is being developed as a joint project of the New York State Office of Mental Health; the New York State Unified Court System; and the Unified Court System's research and development arm, the Center for Court Innovation. Other government and nonprofit partners involved in planning the Mental Health Court include the Kings County District Attorney's Office, The Legal Aid Society, the Brooklyn Defenders Service, the New York City Department of Mental Health, and numerous representatives of the mental health treatment community. The New York Community Trust, the United Hospital Fund, and the Ittleson Foundation have also provided support for this project.

# Development of the Brooklyn Mental Health Court

## Goals

- Improve the court system's ability to identify, assess, and evaluate offenders with mental illness
- Use the authority of the court:
  - > To link offenders with mental illness to appropriate mental health treatment and supports
  - > To ensure that participants receive high-quality community-based services
  - > To engage participants in treatment
  - > To hold participants accountable for their actions
- Create effective linkages between the criminal justice system and the mental health system
- Improve public safety by reducing the recidivism of offenders with mental illness
- Develop new community-based strategies for services for offenders with mental illness

## Planning and Implementation Issues

### *Planning partners*

- Core members: court system, prosecutor, defense bar, corrections, public mental health and substance abuse agencies, mental health and substance abuse treatment providers, other service providers (housing, case management, education, employment, etc.), probation

### *Eligibility*

- Criminal justice criteria: current charges, prior convictions, exclusions
  - > Felony vs. misdemeanor

> Include or exclude violent offenses

- Clinical criteria: diagnosis, risk assessment, functioning level

### *Identification and screening of cases*

- Referral sources and procedures—identify all possible points of entry:
  - > Referrals from judges, defense attorneys, prosecutor
  - > Defendants whose competence to stand trial has been put at issue
  - > Referrals from jail, police, emergency medical services
- Screening and assessment tools and procedures: How will clinical eligibility be determined?

### *Critical information and confidentiality*

- Categories of required information
  - > Information to be obtained during screening and assessment
  - > Information provided by treatment and other service providers
- Confidentiality of information: federal and state laws; ethical standards for mental health and legal professionals
  - > Identities of defendants referred for screening
  - > Information generated during screening and assessment
  - > Information about participants' progress in treatment
- Who will have access to which information: court clinical staff, judge, D.A., defense attorney, treatment/service providers, others
- Consents and waivers

### *Plea and court contract*

- Plea: Is a guilty plea required in all cases?
- Opt-in

> Voluntary participation

> Length of opt-in period

- Length of treatment mandate
- Requirements for graduation
- Rewards for successful completion
- Back-end punishment for program failure

### *Treatment mandate*

- Treatment plan and expectations
- Treatment/supervision categories (based on clinical assessment, criminal history, and other community ties and supports)
- Phases

### *Compliance and monitoring*

- Frequency of appointments and court appearances
- Infractions
- Clinical responses and sanctions
- Rewards
- Right to refuse treatment or medication: procedures regarding exercise or waiver of right
- Urine testing protocols

### *Advisory committees*

- Steering committee
- Treatment advisory board
- Consumer advisory group

### *Linkage agreements*

*(including access to services  
and enhanced services)*

- Case management agencies (short- and long-term)
- Treatment providers

- Housing providers
- Short-term crisis beds or immediate placement beds
- Medium-term transitional beds

#### *Psychiatric services*

- Scope of services: assessment and evaluations, medications, hospitalizations, consultation with Mental Health Court clinical team
- Agreements with providers

#### *Agreements with government agencies*

- Health & Hospitals Corporation Correctional Health Services: quality of treatment for candidates/participants while incarcerated; access to treatment information
- New York City Human Resource Administration (welfare benefits agency): processing of applications for Medicaid and subsidized housing
- New York State Office of Mental Health: assignment of case managers and wrap-around funds
- New York City Department of Health and Mental Hygiene: service utilization information; access to discharge planning and transitional case management services under LINK program
- Department of Corrections: access to defendants in pens at courthouse; production of defendants for assessment/evaluation
- New York State Office of Alcoholism and Substance Abuse Services: general support
- New York City Department of Probation: general support; agreement on protocols when someone on probation reoffends; use of interim probation supervision before sentencing

#### *Miscellaneous supports*

- Escorts
- Transportation
- Personal supplies for defendants

### *Research and evaluation*

- Scope of evaluation; research design
- Who will perform

### *Technology*

- Interim system
- Adaptation of justice center application
- Staff hires and selection and engagement of consultants

### *Funding*

- Government sources
- Private foundations
- In-kind contributions

### *Training*

- Judge and court staff (clerks, court officers, etc.): basics of mental illness and treatment
- Mental health court clinical team: basics of criminal justice and court system
- Planning group
  - > Basics of mental illness, treatment, and community resources
  - > Risk assessment
  - > Assisted outpatient treatment (Kendra's law)
  - > Community supervision

# Brooklyn Mental Health Court Program Participation Guidelines

Welcome to the Brooklyn Mental Health Court!

This handbook is designed to:

- Answer questions
- Address concerns
- Provide information about the Mental Health Court

As a participant in the Brooklyn Mental Health Court, you will be required to follow the instructions given in court by the judge and comply with the treatment plan developed for you by the Mental Health Court staff. This handbook will explain what is expected of you. It will also provide general program information.

Ask your Mental Health Court case manager or your defense attorney to explain anything in this handbook that you do not understand!

## *What is the Brooklyn Mental Health Court?*

The Brooklyn Mental Health Court is a special part of the Kings County Supreme Court. It is a court-supervised program for those arrested in Brooklyn who have mental health issues, who need treatment and other services, and who choose to participate in the court program instead of having their cases proceed in the regular court process.

## *What do I have to do?*

The Brooklyn Mental Health Court has prepared a treatment plan for you based on an assessment of your needs for mental health treatment, substance abuse or alcohol treatment, case management services, and housing. In order to participate in the court, you must agree to comply with this treatment plan and to sign a contract in court, which is an agreement between you and the judge. This contract explains what is expected of you and what will happen if you

do not follow the rules. The judge will also sign the contract, which is written specifically for you based on your current charges, your prior criminal history, and your treatment plan. Before you sign the contract, you will have an opportunity to review it with your defense attorney and have your questions answered.

### *How long will I be involved in the Mental Health Court?*

The Brooklyn Mental Health Court is a four-phase program that lasts from 12 to 24 months. The amount of time you spend in the Mental Health Court is determined by your plea and by your individual progress in treatment. While you are participating in the Mental Health Court, the judge and your court case manager will monitor your participation and progress in treatment.

Discharge, termination, or voluntary withdrawal from the Mental Health Court will result in sentencing on the charges to which you pled at the time you signed your contract.

### *What's in it for me?*

- **Services.** The staff of the Mental Health Court will help you get case management services, mental health treatment, and, if your treatment plans calls for it, substance abuse or alcohol treatment and supported housing.
- **Recognition of progress.** As you progress through the phases of your treatment plan, your achievements will be publicly recognized by the Mental Health Court judge and you will receive certificates to acknowledge your accomplishments.
- **Dismissal or reduction of your charges.** If you successfully complete your mandated treatment plan, your criminal charges will be either dismissed or reduced. Your Court contract will specify what will happen when you complete the Brooklyn Mental Health Court program.
- **Opportunity.** The Mental Health Court offers you a chance to avoid jail or prison on your current charges and to move forward in your life.



Remember that there are many people who make up the Brooklyn Mental Health Court team, and they all want to see you succeed. If you take advantage of the assistance offered, you can discover many ways to make a better life for yourself.

### *What are the rules of the Mental Health Court?*

To remain in the Brooklyn Mental Health Court, you must follow these rules:

#### **1. Appear in court as scheduled**

You will be required to appear in front of the Mental Health Court judge on a regular basis. The judge will be given progress reports regarding your attendance and participation in your treatment program and the other components of your treatment plan. The judge will ask you about your progress and discuss any problems you may be having.

You will be required to meet with your Mental Health Court case manager each time you have a court appearance before the judge, and you may also be required to attend additional appointments with your case manager on days when you do not have a court appearance before the judge.

You must attend all scheduled court appearances and all scheduled appointments with your Mental Health Court case manager. Depending on your situation, you may have to come to court several times a month. As you make progress, the frequency of your court appearance and appointments will be reduced.

#### **2. Follow your treatment plan**

Your treatment plan will include some or all of the following components:

- > Medications
- > Regular appointments with a psychiatrist
- > Participation in a mental health treatment program, such as a day treatment program
- > Participation in substance abuse or alcohol treatment
- > Intensive or supported case management services

> Housing with social services provided

Your treatment plan may include additional components as well, such as participation in educational or vocational programs or in self-help or support groups.

Specific rules about some treatment plan components are discussed below.

*Medications.* It is extremely important that you take the medications that your treating psychiatrist prescribes for you! The judge and staff of the Brooklyn Mental Health Court recognize that many medications have very unpleasant side effects, that many medications do not work equally well for all patients, and that it can be very difficult for a doctor and a patient to find the best combination of medications for that patient. But for most participants in the Mental Health Court, medications will be essential for managing symptoms of illness and living successfully in the community.

If you have complaints about the medications your treating psychiatrist has prescribed for you, you must tell your psychiatrist, who may be able to prescribe a different medication or additional medications to treat side effects. If you continue to have complaints about your medications and feel that your psychiatrist is not responding to your concerns, you should tell your Mental Health Court case manager, who will discuss your concerns with your psychiatrist and see whether any acceptable alternatives are available.

Refusal or repeated failure to take medications may result in sanctions being imposed by the Mental Health Court judge. Before any sanctions are imposed, you will have an opportunity to explain your reasons for not taking medications to your Mental Health Court case manager and the judge.

*Mental health treatment program.* Your treatment plan will require that you participate in a mental health treatment program. Your treatment provider will tell the Mental Health Court when you are attending, when you are absent, and how you are doing in your program. You must attend all scheduled treatment appointments and follow all the rules of your treatment program.

*Substance abuse or alcohol treatment.* All candidates for the Mental Health Court will be asked about their history of substance or alcohol abuse, and all participants in the Mental Health Court will be required to give urine samples when they first enter the Mental

Health Court program. Participants may be required to participate in drug or alcohol treatment and to submit regular urine samples, both at court and at their treatment program, if they:

- > Have a history of substance or alcohol abuse,
- > Have current charges or previous convictions involving drug-related offenses,
- > Have positive results in a urine test, or
- > While participating in the Mental Health Court program, show signs of possible drug use.

As with your mental health treatment, you must attend all scheduled substance abuse or alcohol treatment appointments and follow all the rules of your treatment program. Your substance abuse or alcohol treatment provider will tell the Mental Health Court how your attendance is and how well you are doing.

*Case management services.* Community-based intensive and supportive case managers help consumers to coordinate the services they need in the community. Your treatment plan may require you to accept the services of a community-based case manager, who will visit you at your home and at your treatment program and will assist you with getting a variety of services. Your community-based case manager will also provide information to the Mental Health Court on how well you are following your treatment plan and how you are doing in treatment.

*Housing.* Some participants in the Mental Health Court will be required to live in a particular type of housing or in a particular housing facility, which may offer an array of services for residents. If your treatment plan specifies the type of housing you must live in or a particular housing facility, you must live where specified and you must follow all of your housing provider's rules. Your housing provider will give information to the Mental Health Court about how well you are following your treatment plan.

*Phases.* Your treatment plan is divided into four phases:

Phase 1: Adjustment

Phase 2: Engagement in treatment

Phase 3: Progress in treatment

Phase 4: Preparation for graduation from Mental Health Court

You will receive a certificate upon completion of each phase.

### 3. Infractions, rewards, and sanctions

There are consequences—both good and bad—for your conduct while you are a participant in the Mental Health Court. If you comply with your treatment plan and live a crime-free life in the community, you will be acknowledged and rewarded in a number of different ways. Conversely, if you fail to comply with your treatment plan or commit any new offenses, you will be sanctioned. Ultimately, good participation and compliance with treatment will be rewarded by having your criminal charges reduced or dismissed, and failure in the program will result in serving the jail or prison sentence specified in your court contract.

*Infractions.* The following events will be treated as infractions of the Mental Health Court program:

- > Missed treatment appointments
- > Missed appointments with Mental Health Court case management staff
- > Missed court appearances
- > Failure or refusal to take medications
- > Refusal to give urine sample
- > Infractions of rules of treatment or rules of the housing provider, including verbal threat of violence
- > Other noncompliance with treatment plan
- > Abuse of drugs and/or alcohol
- > Absconding from treatment program or supervised housing
- > New criminal offenses

*Clinical responses and sanctions.* The Mental Health Court judge will respond to all infractions by imposing a sanction or requiring that you participate in a treatment-related activity. The judge may also mandate a change in your treatment plan. Examples of clinical responses and sanctions include the following:

- > Reprimand
- > Increased frequency of appointments with your Mental Health Court case manager
- > Increased frequency of appearances before the Mental Health Court judge

- > Penalty box (observing court activities from the jury box)
- > Mandatory NA/AA/Double Trouble
- > Mandatory group attendance (i.e., money management, anger management, family relations)
- > Loss of privilege at your treatment or housing program
- > Community service
- > Unannounced visits by Mental Health Court staff
- > Imposition or increase in frequency of urine testing
- > Detox/drug rehab
- > Transfer to a more restrictive housing or treatment program
- > Hospitalization—voluntary
- > Hospitalization—involuntary
- > Bench warrant
- > Jail sentence (1 to 28 days)

*Rewards.* In addition to advancing to the next phase and receiving a dismissal or reduction in charges upon graduation, demonstration of effort and progress in treatment will be acknowledged. Potential rewards include:

- > Reduced frequency of appointments with your Mental Health Court case manager
- > Reduced frequency of appearances before the Mental Health Court judge
- > Transfer to a less restrictive housing or treatment program
- > Suspension of urine testing requirements
- > Certificates or other mementos of progress
- > Phase advancement
- > Participation in a court-sponsored social or cultural event
- > Participation in a speakers' bureau

*What else is expected of me?*

The Brooklyn Mental Health Court expects you to:

- Treat others with respect.

You should respect the opinions and feelings of other participants in and staff of the Mental Health Court. Verbal or physical threats to

anyone will not be tolerated. Any inappropriate behavior will immediately be reported to the court and may result in a severe sanction or your termination from the program.

- Avoid all drug-related activity and abuse of alcohol.

You will not possess, sell, or use alcohol or illegal drugs. Any relapse by you involving drugs and/or alcohol must be reported to your court case manager immediately.

- Be law abiding.

You must refrain from any further violation of the law. Additional offenses may result in your being terminated from the Mental Health Court.

## [Form A] Important Names and Numbers

Brooklyn Mental Health Court  
360 Adams Street, Brooklyn, New York 11201

**My attorney:**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**My Mental Health Court case manager:**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**My community-based case manager:**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**My mental health treatment program:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**My substance abuse and/or alcohol treatment program:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**My housing program:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## [Form B] Treatment Plan

Name: \_\_\_\_\_

Date of treatment plan: \_\_\_\_\_

### **Goals**

*[Universal goals]*

1. Achieve/maintain psychiatric stability
2. No new criminal offenses/arrests
3. Achieve/maintain sobriety

### **Objectives**

*[Universal objectives]*

1. Client will take medication as prescribed by client's treating psychiatrist
2. Client will talk to Mental Health Court case manager before stopping or changing medications
3. Client will meet with community case manager at least once a week
4. Client will attend day treatment program \_\_\_\_ times per week
5. Client will meet with treating psychiatrist once a month
6. Client will reside in housing deemed appropriate by the Mental Health Court judge
7. Client will provide urine samples to Mental Health Court staff in accordance with Program Participation Agreement
8. Client will be on time for all scheduled court appearance with the presiding judge of the Mental Health Court
9. Client will be on time for all scheduled appointments with Mental Health Court clinical staff



10. Client will comply with all requirements of housing and/or treatment providers

*[Individualized objectives]*

1. Client will participate in substance abuse/alcohol treatment

## **Length of Mandated Treatment**

\_\_\_\_\_ months

## **Phases**

Participation in treatment will be marked by four phases:

- Phase I: Adjustment
- Phase II: Engagement in treatment
- Phase III: Progress in treatment
- Phase IV: Continued progress in treatment and successful completion of the mandate

Compliance with treatment and positive reports from treatment and service providers will be marked by phase advancement.

## **Service Categories and Providers**

Treatment program, including psychiatric care:

---

Case management agency:

---

Housing type and provider:

---

Physician who developed treatment plan:

---

Social worker who developed treatment plan:

---

## [Form C] Plea

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dkt/SCI/Ind. # \_\_\_\_\_

**Defendant:** By entering this plea of guilty and agreeing to participate in the Brooklyn Mental Health Court program, I understand and agree to the following:

1. I have reviewed the treatment plan prepared for me by the Brooklyn Mental Health Court and will comply with that plan.
2. I have reviewed the Brooklyn Mental Health Court Program Participation Guidelines and will comply with the rules and procedures set forth therein.
3. I will lead a law-abiding life until the successful completion of my Brooklyn Mental Health Court mandate.
4. I understand that failure to comply with the rules of the court, of my treatment program, or of my housing provider may result in sanctions by the court, which may include incarceration and/or a change in my treatment plan.
5. If I fail to complete my court mandate, I will receive a jail/prison sentence of \_\_\_\_\_.
6. Any new arrest may result in immediate termination from my housing program, my treatment program, and the Brooklyn Mental Health Court and the imposition of up to the maximum jail/prison sentence specified above.

\_\_\_\_\_  
 Brooklyn Mental Health Court Client

**Judge:** By accepting your plea of guilty and your promise to comply with your treatment plan, the Brooklyn Mental Health Court agrees to the following:

1. The Brooklyn Mental Health Court will help you get treatment, case management, and/or housing services as described in your treatment plan.
2. A Mental Health Court case manager will meet with you regularly to discuss your participation and progress in treatment.
3. The Brooklyn Mental Health Court will hold you accountable for your actions. Successful compliance with your treatment mandate will be rewarded and acknowledged through the different phases of treatment. Sanctions, including jail time, will be imposed for failure to comply with your treatment plan or with the court's rules and directions as outlined in the Brooklyn Mental Health Court Program Participation Guidelines.
4. The court will impose the agreed-upon jail/prison sentence if you fail to complete your treatment mandate.
5. If you successfully complete your treatment mandate, the Brooklyn Mental Health Court will:
  - Dismiss the charges against you and seal the record of those charges.
  - Reduce the charges to a misdemeanor with no further sentence imposed.
  - Reduce the charges to a misdemeanor with a sentence of probation for \_\_\_\_\_.

---

Judge, Brooklyn Mental Health Court

# Riverside County Mental Health Court

Hon. Becky L. Dugan

On January 4, 2001, Riverside County began a mental health court in the Hall of Justice in downtown Riverside. The purpose of the court is the proper treatment and placement of criminal defendants with mental health issues upon a plea of guilty, with the aims of reducing recidivism, relieving jail overcrowding, and treating the mentally ill more appropriately. The court also addresses issues of criminal incompetence and LPS (Lanterman-Petris-Short Act) conservatorships or probate conservatorships if those options pertain to a criminal matter.

As those who work in the criminal justice system know all too well, many defendants with mental health problems continue to cycle through the system after incarceration, committing new offenses. Up to 25 percent of the inmates in both county jails and state prisons have mental illnesses. Many of them also have severe substance abuse problems.

Although the mental health system attempts to treat these defendants in a variety of ways, the doctors and social workers in that system have no leverage with which to force a client to remain on prescribed medication and comply with a treatment program. The treatment programs are strictly voluntary. On the other side, the criminal system often ignores mental health issues when setting probation terms.

In a mental health court, the two systems work together to ensure that each defendant has the best possible opportunity to comply with his or her terms and stay with the medical treatment program. Mental health terms—such as medication, substance abuse placement, psychiatric visits, and counseling—are made mandatory probation terms. The defendant is made aware that failure to comply means further incarceration. All defendants are placed on formal probation, and the probation officer is aware of all the mental health terms and has received a copy of the defendant's mental health evaluation.

The Riverside County Mental Health Court operates out of two courtrooms, Departments 33 and 34. Department 33 is Domestic Violence Court, and Department 34 is Drug Court. These courts were chosen because of the correlation among domestic violence, drug abuse, and mental illness. Together, these courts are referred to as the C.A.F. (crimes affecting families) courts.

## **The Process**

1. Any party can request that a criminal defendant be evaluated in Mental Health Court. It does not matter what the charge is (except in the cases of those who are statutorily ineligible for probation). It can be a misdemeanor or a felony.
2. If the case has an odd number, it goes to Department 33; if it has an even number, to Department 34. Once in that court, the defendant is referred to the forensic mental health team in the jail, and the case is set over for two weeks so that the assessment can be completed. The assessment includes any diagnosed mental illness the defendant has, the medications the defendant is on or should be on, a suggested treatment plan, a confirmed place for the defendant to live, and whether the defendant is willing to comply with the mental health terms suggested.
3. Upon consideration of the assessment, the parties can either enter an agreement—including up to one year of custody time and formal probation—or the defendant can plead to the court if the court is willing to accept the plea. If there is still doubt about the proper disposition of the case, a request for a pre-plea report is sent to the probation department, with the mental health assessment attached for the department's review. The case is continued for 30 days, for the consideration of the report.
4. If the defendant is rejected for treatment, he or she returns to the court from which the file originally came. Rejection can be caused by statutory ineligibility, excessive criminality, refusal to agree to mental health treatment, or physical volatility or explosiveness (danger to staff.)

Generally, many defendants who have been denied participation in Mental Health Court remain in local custody while awaiting placement in drug treatment or dual diagnosis facilities such as Whiteside Manor or Cedar House; intensive, year-long day treat-

ment plans; Regional Center (for the developmentally disabled); housing; or probate or LPS conservatorships.

All of the usual probation terms are included along with the mental health terms. What increases the likelihood of success is the individual attention these defendants get upon release from jail. Their appointments are prearranged before release, and they are given a two-week supply of medication, a prescription, a doctor's appointment, and a ride to the treatment facility. They have a verified place to live or are connected to county homeless services. Instead of waiting out a six-week delay to see a probation officer, they are seen when they first report to probation after residential treatment.

## **Profile of the Mental Health Defendant**

As of September 1, 2002, 511 defendants have been referred to Mental Health Court. Of those:

- 130 have been rejected and returned to the originating court or sentenced, for reasons ranging from inability to place to defendant's refusal;
- 50 are doing residential dual-diagnosis drug treatment before starting outpatient mental health services;
- 16 are developmentally disabled and in placement through Inland Regional Center;
- 17 are on probate or LPS conservatorship;
- 3 are on "diversion," with the case to be dismissed if defendant stays on meds and does not reoffend;
- 151 are in outpatient treatment;
- 40 remain trial-incompetent and are housed at Patton State Hospital; and
- The remainder are awaiting disposition of their cases.

There have been 79 defendants who have violated their probations, most for leaving the program, not taking medications, or "testing dirty." Seventeen have been sentenced to state prison; 15 of those committed a new offense while on probation.

Most defendants are schizophrenics, and many have borderline intelligence. The great majority are “dual diagnosis”—mentally ill substance abusers. Of all the defendants referred, 81 are misdemeanants having multiple cases; 430 are felons with crimes ranging from attempted murder and child molestation to drug possession. The great majority of cases involve assaults, usually on family members.

## Funding

The Riverside County Mental Health Court exists because of the cooperation of the Mental Health, Sheriff's, and Probation Departments and the courts. Several grants have made it possible for the court to impose a network of treatment:

1. *California Board of Corrections' Mentally Ill Offender Crime Reduction (MIOCR) grant*: The jail has a five-year, \$5 million grant that is in its last year. With that grant, the jail has created a fully staffed psychiatric unit, a day treatment program, and aggressive discharge planning that provides transportation and medication for mentally ill defendants leaving the jail.
2. *California Assembly Bill 2134 grant*: The Mental Health Department has a three-year multimillion-dollar grant, now in its second year, to provide housing and treatment to the homeless mentally ill. This grant supplies room and board, board and care, and augmented board and care to the homeless population, including mentally ill defendants leaving custody.
3. *Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant*: The Mental Health Department has a \$400,000-per-year, three-year grant, now in its second year, dedicated to providing services to the defendants in Mental Health Court. This grant increased the staff for evaluation, case management, and coordination of services.
4. *California Administrative Office of the Courts grant*: The court received a one-time \$50,000 grant to hire a liaison, who tracks data, defendants, placements, provider concerns, etc.

All of these grants, working together, enable the complete treatment of the defendant, including housing, job training, education counseling, doctor visits, and medication. The obvious problem is that



they all expire. Additionally, with the federal and state deficits, there is a threat that the last year of funding for these grants will be cut.

If the concept of mental health courts is valued, then these courts must be budgeted consistently so that their staffs will not have to constantly chase after money and reconfigure programs under the threat of loss of funds.

## **Conclusion**

The Riverside County Mental Health Court is successful in safeguarding the public and in returning functioning adults to the community. To date, with over 200 supervised defendants, we have a 35 percent probation violation rate, but less than 10 percent have committed new offenses. The great majority of clients do very well. We have defendants working, in college, completing their GEDs, and raising their children. Violations are dealt with immediately so that the defendant is redirected back into his or her program. Considering that most of our defendants have substantial criminal histories, this outcome is nothing short of amazing.

## San Bernardino Mental Health Court Procedure

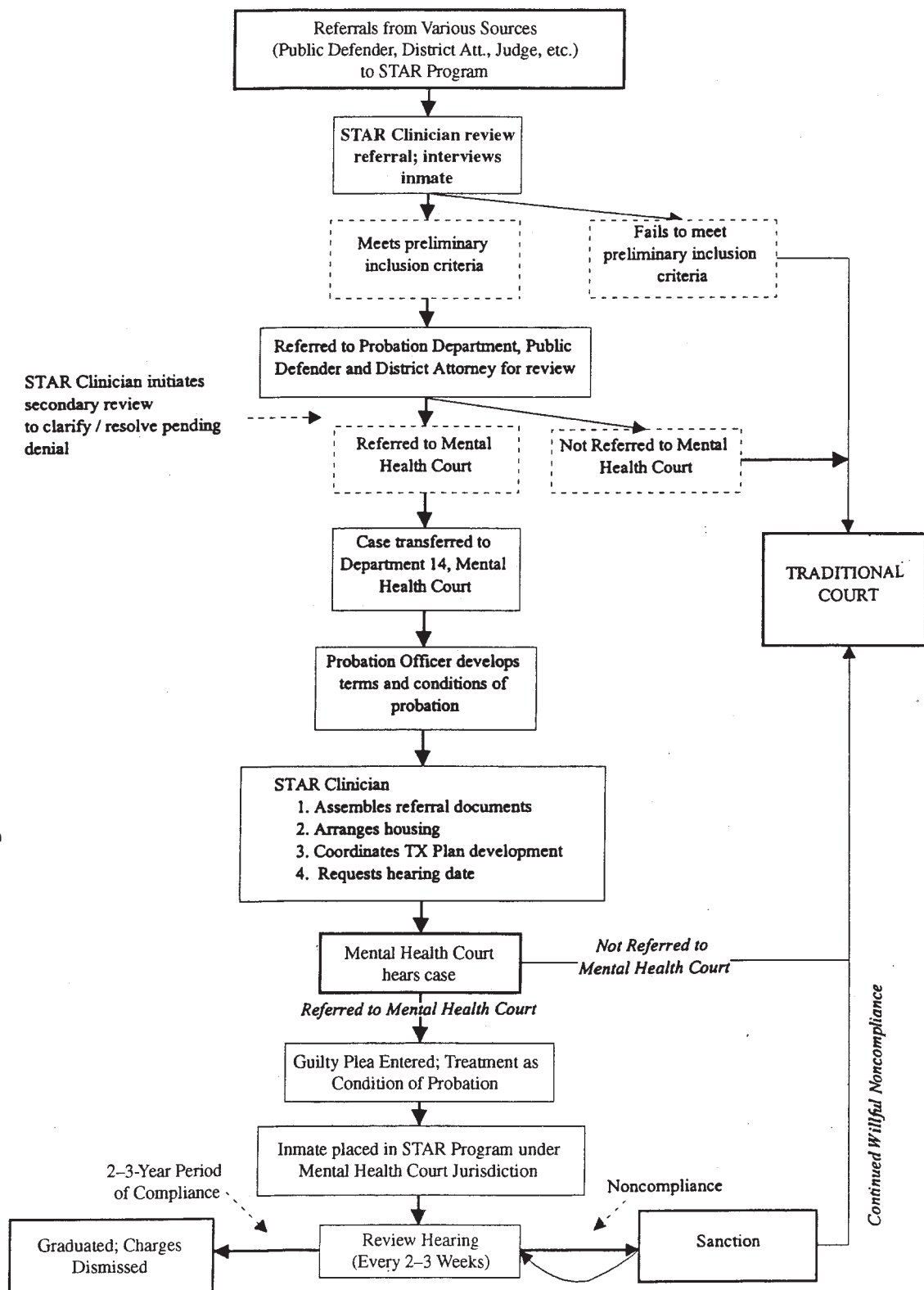
Most potential candidates are identified for the San Bernardino Mental Health Court while in detention in the West Valley Detention Center by jail mental health staff, subsequent to arraignment, which must occur within 48 hours of arrest. (For an overview of the San Bernardino Court procedure, see Figure 4.) The staff consists of two clinicians with PhDs in psychology, and one licensed clinical social worker. These clinicians also function as case managers, who provide supervision for the participants who are admitted into the program. At that time, they are interviewed and screened by a mental health clinician who explains the Mental Health Court program and confirms that the defendant has been diagnosed as having a history of an Axis I category of mental illness.<sup>22</sup> Candidates who appear eligible for the Mental Health Court sign a waiver permitting information to be conveyed to the court relating to the mental illness and indicate they wish to participate in the treatment process. Once candidates request admission to the program, screening information is passed on to the probation officer, the prosecutor and the public defender assigned Mental Health Court duties. The practice of considering only candidates who have requested admission to the treatment program helps ensure that resources are focused on persons who will enter the program and engage in treatment once admitted.

The defendant-candidate will make a first appearance in Mental Health Court about 2 or 3 weeks after arraignment. The period between referral (after arraignment) and first hearing in Mental Health Court is used to develop background information about the candidate's mental health and criminal history and to stabilize the individual on medication, if necessary. This is done so that participation is meaningful in the first hearing, and the candidate can comprehend the proceedings and make an informed acceptance of the program conditions. Because the Mental Health Court purposely targets persons who would be spending time in jail upon conviction, the criminal histories of participants are often significant, although violent prior offenses might preclude participation in the program.

---

<sup>22</sup> Axis I is primary mental health diagnosis that is usually first diagnosed in childhood, including schizophrenia, mood or anxiety disorders, certain impulse control disorders, and major depression. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition. Washington, DC: American Psychiatric Association, 1994.

Figure 4. San Bernardino County Mental Health Court Referral Process



Admission to the Mental Health Court requires consensus of all members of the court team. If any member of the team, including the defender, the prosecutor, the mental health caseworker, or the judge objects, the defendant will not be accepted into the program. The probation officer performs an intensive interview of the defendant and reviews his prior criminal record. If the defendant is believed to be appropriate for the program, the probation officer will complete a pre-sentence investigation and prepare written terms and conditions that outline specific requirements that the defendant must adhere to for his treatment to be effective. The prosecutor also checks into the defendant's criminal history. Crimes of violence are checked to ascertain their actual circumstances and seriousness. True violent offenders are not eligible for the program. If a consensus is reached and the defendant is approved, the case is listed for Mental Health Court. Prior to the hearing, the prosecutor and the defense attorney engage in plea negotiations, so that they are prepared to present an agreement to the court at the defendant's first appearance, assuming the defendant is competent.

San Bernardino Mental Health Court hearings are held once a week on Wednesdays. The court team meets to discuss the case prior to the hearing, as well as any issues that should be addressed in court. As in the other courts, the first issue addressed in the San Bernardino court is competency. Felony defendants who are thought to be incompetent are returned to the jail and the court will order that they be assessed by a licensed psychologist or a psychiatrist for competency. A hearing on the issue will then be held. Defendants found to be incompetent are examined by a therapist from the county Department of Mental Health to determine appropriate placement. If hospitalization is deemed appropriate, the defendant may remain in the hospital while steps are taken to restore competency. In fact, that process may take up to 3 years, or the statutory maximum associated with the crime charged, whichever is less. In misdemeanor cases, the court will attempt to avoid hospitalization, which can cost approximately \$350 per day. It is more likely that the misdemeanor defendant will be placed in a public or private treatment facility approved by the Department of Mental Health or in a community-based program, in an attempt to restore competency. The criminal proceedings are suspended pending the restoration of competency, up to a period not to exceed the statutory maximum.<sup>23</sup> Defendants who are unstable when they enter the jail are generally stabilized during the 2- to 3-week detention period while being considered for treatment court. Unstable defendants must consent to treatment while in jail in order to qualify for Mental Health Court, so that while they are housed in the psychiatric wing, they can be stabilized with therapy and medication. Most unstable defendants are ultimately denied program admission due to

their inability to cope with the highly structured nature of the treatment program.

Assuming that a defendant is competent, he or she enters a guilty plea as a condition of entry into the program. The defendant is placed on probation for a period of 2 years in misdemeanor cases or 3 years in felony cases, with participation in Mental Health Court treatment ordered as a condition of probation. Each participant must also sign an individualized treatment contract that specifies the mental health services to be provided, the frequency of those services (and the required attendance), and any other activities required of the participant. Upon successful completion of the program, the plea may be withdrawn, the charges against the defendant may be dismissed, and the participant may also petition the court to have the record expunged.

Once the treatment plan has been agreed to, most participants are released into an augmented board-and-care residential treatment facility. (There are presently 24 beds allotted to the Mental Health Court program.) The case managers transport the participant to the facility and then visits the client several times a week to ensure compliance, providing intensive supervision to assure that he is attending psychiatric counseling, stabilizing on medication and abiding by the terms of his probation. Upon request, the probation officer will intervene if the client becomes disruptive or uncontrollable at the facility, and will arrange for transport back to court for a hearing before the judge. Clients who fail to cooperate or comply with program standards, or who otherwise are in violation of probation, will have sanction recommendations made for them by the mental health clinicians.

A small number of participants may have the family support and stability to allow them to be supervised from their homes. The case manager will conduct home visits two times per week, to determine that the living conditions are appropriate, and that clients are not in possession of any illegal or inappropriate items that would impede their progress in treatment, and to perform urine analysis testing for illegal substances. When the conditions in the residence are found to be unsuitable, the officer will find new arrangements for the participant. When a participant is found to be in violation, the officer will recommend sanctions.

Status hearings are held every 3 to 4 weeks to track the level of compliance by the participant and to address any problems that may arise. Noncompliance sanctions range from an in-court reprimand from the judge and loss of privileges, to increased restrictiveness of placement that includes more meetings with the case manager and more meetings in the 12-step program, or community service, and even jail time (usually a weekend, or more for continued violations). The noncompliant participant will also be reevaluated to ascertain if changes in treatment and/or living arrangements are necessary to aid them in attending to program rules. Serious and



willful recurring violations may result in program termination and a return to traditional court. San Bernardino differs from the other early mental health courts in its close adaptation of the drug court model to the mental health court treatment process, including the use of jail as a sanction. If the defendant commits a new minor crime, he or she will probably be sanctioned with jail time, but may not be terminated from the program. An arrest for a new, more serious crime will result in termination. The benefits of compliance are privileges granted at the treatment facility.

## **The Treatment Approach in the San Bernardino Mental Health Court**

The treatment process centers on the Mental Health Court judge and the court team. After the initial court session during which a participant formally enters the treatment program (STAR), participants attend court for status reviews as frequently as needed but average every 3 to 4 weeks. Prior to a court session, the treatment team reviews each case, including its problems and progress, with the judge who makes notes about the issues that need to be addressed. The team includes the judge, the prosecutor, the public defender, the probation officer, the case manager, the day treatment provider and sometimes the housing service manager. In the courtroom, the Mental Health Court resembles a drug court. The San Bernardino court sessions are very carefully organized and prepared. The judge discusses each participant's situation, problems and progress, and encourages, reprimands, sanctions or modifies the treatment plan. Participants are treated differently depending on their symptoms, illness or stage of treatment. For some, the judge's message is stern and a jail sanction may be applied. For others, the judge may be very supportive of small steps taken in a constructive direction. One of the reasons the Mental Health Court seems similar in style to the drug court is that most participants also suffer from serious substance abuse problems.

Nearly all of the participants in the San Bernardino Mental Health Court are initially placed in one of four augmented board-and-care facilities, the Redwood Guest Home, Fontana Board and Care, North End Board and Care and Linda Villa. These facilities receive funding that enables them to provide additional services tailored to the needs of the mentally ill offender. The facility supervisor must be at least a licensed clinician, who is qualified to dispense medications and provide individual and group treatment on site if necessary. These gateway facilities not only provide a temporary place to live, but also an array of supportive services to help the participant begin the treatment process. These include 24-hour supervision, group therapy, dispensation of client medications, assistance in helping with finances through the teaching of budgeting skills, assistance in spending money in appropriate ways, and transportation to the day treatment program that provides treatment services.

Because this type of care is expensive, the number of beds allotted to the treatment program is limited to 24 beds. As clients progress and become more stable, they are moved to one of the six regular licensed board-and-care facilities with which the court has contracted, and finally to basic room and board or other independent living situations. Only very stable clients are initially released into a regular, licensed board-and-care facility, where, in contrast to the augmented-care facilities supportive services, day treatment and dispensation of medications are not included in facility services (and the educational level required for staff is not as high). A small number of participants may be released directly to their family when family support is sufficient to facilitate the treatment process.

San Bernardino Mental Health Court participants generally receive day treatment from the Pegasus program which was run by Mental Health Systems, Inc., and tailored to fit the needs of the Mental Health Court. Pegasus began servicing the Mental Health Court in February 1999. Although Pegasus also takes referrals (of mainly individuals with some form of criminal justice involvement) from the other courts and agencies, the majority of its clients are participants in the Mental Health Court.

Defendants attend the day treatment program 5 days per week, from 8:30 a.m. until 1:00 p.m. The services provided include anger management, socialization skills, psychotherapy, medication therapy, and chemical dependency treatment, which includes a "12 + 5" step program specifically geared toward the dually diagnosed client, as well as drug testing. (Most San Bernardino Mental Health Court participants also have serious substance abuse and self-medication problems.) Pegasus also provides prevocational training, which is meant to prepare participants for educational or work programs. Participants also receive individual case management; regular conferences are held to discuss client needs and progress. The program will transport participants to scheduled doctor's appointments.

The day treatment component is intended to last for 1 year, at which point participants who have made satisfactory progress will be considered for vocational or educational training, or full- or part-time employment. Participants are referred to the state vocational rehabilitation department to receive training. Court (STAR) participants move from one level of care to another as a result of recommendations made by clinicians to the judge and the attorneys at periodic treatment meetings.

The mentally ill offenders grant is being used to fund two new programs: STAR LITE and SPAN. STAR LITE is an intermediate level treatment program designed to cover a similar mentally ill population to the one covered by STAR, but with *Less Intensive Treatment Episodes*. It offers services and case management for defendants who have less need for supervision; however, these participants will still be on supervised probation and be subject to specific medication and treatment requirements. They are also required to meet regularly with their case managers. Review hearings will

be held approximately every 3 months. SPAN, which stands for San Bernardino Partners for Aftercare Networking, was designed to provide case management and augmented services to in-custody defendants who had not been previously diagnosed, but rather were diagnosed with an Axis I illness in jail,<sup>24</sup> and who are not chronic offenders. Lower level services are offered to these defendants, and only regular board-and-care referrals are available for homeless participants. SPAN participants may not have probation terms and conditions relating to taking medications and treatment. There are no regularly scheduled review hearings required for them. Rather, they are tracked through brief meetings with a case manager and a counselor who will check in on them to assure that they are stable.

From the San Bernardino Mental Health Court's inception in January 1999 through November 16, 1999, 181 referrals were made to the Court. Of these, 106 were actually evaluated, resulting in the acceptance of 25 participants and the rejection of 81 candidates. The majority of the rejections came from the office of the District Attorney. Most of those accepted were placed in the Pegasus program, with the majority of these housed in augmented board-and-care facilities. Sixty percent of entering participants were remanded to jail at least once during their treatment period, with 40 percent remanded more than once. Six participants were terminated from the Mental Health Court program, half due to AWOL status, and half due to serious or persistent violation of terms and conditions. Nineteen participants were active in the program as of November 19, 1999.

## **Success and Failure in the San Bernardino Mental Health Court**

The San Bernardino Mental Health Court accepts participants facing misdemeanor or felony charges who have serious mental health problems based on past history and current diagnosis of Axis I conditions. All participants plead guilty and are sentenced to probation for 2 or 3 years, depending on the offense. The STAR Program aims to place mentally ill offenders in appropriate services and to move them to different and less intensive levels of care when success is demonstrated in various stages. An overriding goal is to place participants in treatment programs and to link them with the appropriate services so that, when their participation is concluded, they continue to make use of these resources, which will assist them to function normally and not to return to the criminal justice system. A related goal is to maintain the mentally ill offenders in the community and to avoid their confinement in the local correctional facility. Participants who are successful move from intensive services to more independent and self-sufficient living situations, complete probation successfully

<sup>24</sup> Axis I is primary mental health diagnosis that is usually first diagnosed in childhood, including schizophrenia, mood or anxiety disorders, certain impulse control disorders, and major depression. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition. Washington, DC: American Psychiatric Association, 1994.



and have their pleas withdrawn, their charges dismissed, and their arrests expunged. The program's first graduation is expected to occur in June 2000, when it is anticipated that up to six participants will have successfully completed the program.

After entering the Mental Health Court, participants who cannot comply with the requirements of the treatment process are sanctioned, much as in Judge Morris' drug court. They often receive stern lectures and reprimands, sometimes resulting in sitting in the jury box during the court proceedings, possibly being placed in a more restrictive and structured treatment setting, and, occasionally, being returned to jail until further plans can be made. Court staff considers the use of the jail appropriate in a therapeutic not a punitive sense, helping some participants see the consequences of their actions and encouraging them to refocus their efforts. Unsuccessful participants may be terminated from the Mental Health Court, have probation revoked and face serving terms of confinement in jail or a state prison facility.

# 4

## Resources

Government Agencies. . . . .	4.1
Nonprofit Advocacy Organizations .	4.1
Grant Opportunities . . . . .	4.3

# Resources

## Government Agencies

Bureau of Justice Assistance Clearinghouse  
P.O. Box 6000  
Rockville, MD 20849-6000  
800-688-4252  
[www.ncjrs.org/](http://www.ncjrs.org/)

*Emerging Judicial Strategies for the Mentally Ill in the Criminal Case-load: Mental Health Courts*. NCJ 182504 Monograph, April 2000.

Center for Mental Health Services, SAMHSA  
[www.samhsa.gov/centers/cmhs/cmhs.html](http://www.samhsa.gov/centers/cmhs/cmhs.html)

Center for Substance Abuse Treatment, SAMHSA  
[www.samhsa.gov/centers/csat/csat.html](http://www.samhsa.gov/centers/csat/csat.html)

National Institute of Corrections/Jails Division  
[www.nicic.org/about/divisions/jails.htm](http://www.nicic.org/about/divisions/jails.htm)

## Nonprofit Advocacy Organizations

Bazelon Center for Mental Health Law  
[www.bazelon.org/](http://www.bazelon.org/)

The Judge David L. Bazelon Center for Mental Health Law is a nonprofit legal advocacy organization based in Washington, D.C., and known until 1993 as the Mental Health Law Project. Its present name honors the federal appeals court judge whose landmark decisions made him a pioneer in the field of mental health law. The center's advocacy is based on the principle that every individual is entitled to choice and dignity.

Center for Problem Solving Courts  
[www.problemsolvingcourts.com/](http://www.problemsolvingcourts.com/)

The Center for Problem Solving Courts provides state-of-the-art information as well as the educational, training, and scholarly support necessary for problem-solving courts to succeed. Existing problem-solving courts include drug courts, DUI/drug courts, domestic violence courts, homeless courts, mental health courts, and re-entry courts.

National Alliance for the Mentally Ill  
[www.nami.org/](http://www.nami.org/)

The National Alliance for the Mentally Ill (NAMI) is a nonprofit, grassroots self-help, support, and advocacy organization of consumers, families, and friends of people with severe mental illnesses such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders.

National GAINS Center  
[www.gainsctr.com/](http://www.gainsctr.com/)

The National GAINS Center for People With Co-Occurring Disorders in the Justice System was created in 1995 as a national locus for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is funded by the Substance Abuse and Mental Health Services Administration's two centers—the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS).

National Mental Health Association  
[www.nmha.org/](http://www.nmha.org/)

The National Mental Health Association (NMHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans—especially the 54 million individuals with mental disorders—through advocacy, education, research, and service.

Treatment Advocacy Center  
[psychlaws.org/](http://psychlaws.org/)

The Treatment Advocacy Center is a nonprofit organization working to eliminate barriers to the treatment of severe mental illness.

Urban Justice Center  
[www.urbanjustice.org/projects/](http://www.urbanjustice.org/projects/)

The Urban Justice Center was founded with two primary goals—to make legal services easily accessible to people living on the streets and in poverty, and to make social advocacy and law reform efforts directly responsive to the daily struggles of those individuals.

# Mental Health Courts and Drug Courts Grant Opportunities

Grant Program Name	Funding Agency	Program Purpose	Est. Due Date	Amount Available (per award)
<b>F E D E R A L</b>				
Drug Court Implementation and Enhancement Grants	U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office <i><a href="http://www.ojp.usdoj.gov/dcpo/">http://www.ojp.usdoj.gov/dcpo/</a></i>	DCPO funds the planning, implementation, and evaluation of drug courts.	January	\$300,000 to \$500,000
Grant to Provide Treatment Services for Family, Juvenile, and Adult Treatment Drug Courts	Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment <i><a href="http://www.samhsa.gov/grants/grants.html">http://www.samhsa.gov/grants/grants.html</a></i>	Funding to expand substance abuse treatment services provided by family, juvenile, or adult treatment drug courts.	September	\$300,000 to \$400,000 per year for 2-3 years
Mental Health Courts (official title still TBD)	U.S. Department of Justice, Bureau of Justice Assistance <i><a href="http://www.ojp.usdoj.gov/BJA/">http://www.ojp.usdoj.gov/BJA/</a></i>	This program is new and still being formulated. Approximately \$8 million was available in 2002 to fund mental health courts across the nation.	September	Approximately \$500,000
Safe Schools/Healthy Students	U.S. Department of Justice, Juvenile Justice and Delinquency Prevention; Department of Education; Health and Human Services <i><a href="http://ojjdp.ncjrs.org/grants/current.html#011023">http://ojjdp.ncjrs.org/grants/current.html#011023</a></i>	Supports the implementation and enhancement of comprehensive communitywide strategies for creating safe and drug-free schools. School districts are to be the lead applicants, but some California courts have successfully partnered in these applications in the past.	June	\$1 to \$3 million per year

# Mental Health Courts and Drug Courts Grant Opportunities

Grant Program Name	Funding Agency	Program Purpose	Est. Due Date	Amount Available (per award)
<b>S T A T E</b>				
Juvenile Justice Crime Prevention Act	California Board of Corrections <i><a href="http://www.bdcorr.ca.gov/cppd/cpa_2000/cpa_2000_page.htm">http://www.bdcorr.ca.gov/cppd/cpa_2000/cpa_2000_page.htm</a></i>	\$116.3 million has been budgeted for 2002–2003 programs. Funding eligibility under the act requires each county to submit to the BOC a comprehensive multiagency juvenile justice plan (CMJJP). Several California courts have received funding for drug and mental health courts programs in partnership with their counties.	Plans are usually submitted to the states by the counties in the early summer.	Varies depending on county size
Comprehensive Drug Court Implementation Act	California Legislature	\$7 million has been passed this year for misdemeanants and felons with substance abuse.		
Drug Court Partnership Act	California Legislature	\$7 million has been passed this year for felons with substance abuse.		

# Questions for Broadcast Panelists

## Category—check one:

\_\_\_\_\_ Mental illness

\_\_\_\_\_ Pharmacology

\_\_\_\_\_ General

## Questions for panelists *(Specify panelist if desired.)*

Question 1 (for panelist \_\_\_\_\_) :

Question 2 (for panelist \_\_\_\_\_) :

Question 3 (for panelist \_\_\_\_\_) :

**Fax numbers: 415-557-1137 and 415-557-1138**

mental health courts satellite broadcast  
**fax**

Your Name (optional): \_\_\_\_\_

**Please rate the following:**

*Directions: On a scale of 1–5 (1 being the lowest and 5 being the highest), rate by circling the number reflecting your opinion. Circle one number for each question.*

	Low				High
1. What was your knowledge of mental health issues prior to the broadcast?	1	2	3	4	5
2. What was your knowledge of pharmacology issues prior to the broadcast?	1	2	3	4	5
3. Please rate the effectiveness of session faculty (mental illness):					
a. Overall teaching effectiveness	1	2	3	4	5
b. Relevance to your planning process	1	2	3	4	5
c. Significant increase in knowledge	1	2	3	4	5
4. Please rate the effectiveness of session faculty (pharmacology):					
a. Overall teaching effectiveness	1	2	3	4	5
b. Relevance to your planning process	1	2	3	4	5
c. Significant increase in knowledge	1	2	3	4	5
5. Please rate the effectiveness of session faculty (panelists):					
a. Overall teaching effectiveness	1	2	3	4	5
b. Relevance to your planning process	1	2	3	4	5
c. Significant increase in knowledge	1	2	3	4	5
6. Please rate the effectiveness of the local activity break (mental illness).	1	2	3	4	5
7. Please rate the effectiveness of the local activity break (pharmacology).	1	2	3	4	5
8. Please rate the effectiveness of the local activity break (panelists).	1	2	3	4	5
9. Overall, did this broadcast provide useful information for your court?	1	2	3	4	5
10. How likely is it that you will start a mental health court in your jurisdiction?	1	2	3	4	5

What additional questions do you have about this topic?

How would you improve this program for future broadcasts?

What suggestions do you have for future broadcasts?

Did the time slot of the broadcast work for your court? Is there a better time?

**Please fax completed form to Lisa Lightman at 415-865-4330. Thank you!**

mental health courts satellite broadcast  
evaluation